

## PETITION TO ESTABLISH PARENTAL RELATIONSHIP

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT**

Attached are the forms usually necessary for actions to establish parental relationship.

<b>Form #</b>	<b>Title</b>	<b>Number of Copies</b>
FL-200	Petition to Establish Parental Relationship	1
FL-105	Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act	1
FL-210	Summons	1
FL-115	Proof of Service of Summons	1
FL-220	Response to Petition to Establish Parental Relationship	1
FL-165	Request to Enter Default	1
FL-230	Declaration for Default or Uncontested Judgment	1
FL-235	Advisement and Waiver of Rights Re: Establishment of Parental Relationship	1
FL-240	Stipulation for Entry of Judgment Re: Establishment of Parental Relationship	1
Clerk-36	Request for Hearing	1
FL-190	Notice of Entry of Judgment	1
FL-250	Judgment	1
FL-150	Income and Expense Declaration	1
FL-341	Child Custody and Visitation Order Attachment	1
FL-341(A)	Supervised Visitation Order	1
FL-342	Child Support Information and Order Attachment	1
FL-342(A)	Non-Guideline Child Support Findings Attachment	1
FL-192	Notice of Rights and Responsibilities – Health Care Costs and Reimbursement Procedures	1
FL-191	Child Support Case Registry Form	1
FL-350	Stipulation to Establish or Modify Child Support and Order	1

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.



- |   |  |  |
|---|--|--|
| Form Approved for Optional Use<br>Judicial Council of California<br>FL-200 (Rev. January 1, 2003) | <b>PETITION TO ESTABLISH PARENTAL RELATIONSHIP</b><br><b>(Uniform Parentage)</b> | Page 1 of 2<br>Family Code, § 7630<br><a href="http://www.courtinfo.ca.gov">www.courtinfo.ca.gov</a> |
|---|--|--|

PETITIONER:  RESPONDENT:	CASE NUMBER:
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Petitioner requests the court to make the determinations indicated below.

**7. PARENT-CHILD RELATIONSHIP**

- a. ☐ Respondent    b. ☐ Petitioner  
 c. ☐ Other (*specify*):

is the parent of the children listed in item 2.

**8. CHILD CUSTODY AND VISITATION**

- |                                    | Petitioner               | Respondent               | Joint                    | Other                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. Visitation of children:

(1) ☐ None

(2) ☐ Reasonable visitation.

(3) ☐ Petitioner    ☐ Respondent    should have the right to visit the children as follows:

(4) ☐ Visitation with the following restrictions (*specify*):

d. Facts in support of the requested custody and visitation orders are (*specify*):

☐ Contained in the attached declaration.

e. ☐ I request mediation to work out a parenting plan.

**9. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:**

	Petitioner	Respondent	Joint
Reasonable expenses of pregnancy and birth be paid by as follows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. FEES AND COSTS OF LITIGATION**

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. NAME CHANGE**

☐ Children's names be changed, according to Family Code section 7638, as follows (*specify*):

**12. CHILD SUPPORT**

The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

13. I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me when this Petition is filed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
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A blank *Response to Petition to Establish Parental Relationship* (form FL-220) must be served on the Respondent with this Petition.

**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	CASE NUMBER:

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address is not disclosed. It is confidential under Family Code section 3429. I have listed the address of the children presently residing with me as confidential.
3. (Number): \_\_\_\_\_ minor children are subject to this proceeding as follows:  
*(Insert the information requested below. The residence information must be given for the last FIVE years.)*

a. Child's name		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
to				
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				

C. ☐ Additional children are listed on Attachment 3c. (Provide all requested information for additional children.)

SHORT TITLE:	CASE NUMBER:
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4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?

☐ No ☐ Yes (If yes, provide the following information):

a. Name of each child:

b. I was a: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (*date*):

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child in this case, other than that stated in item 4?

☐ No ☐ Yes (If yes, provide the following information):

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

6. ☐ One or more domestic violence restraining /protective orders are now in effect. (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (*specify county and state*):

a. ☐ Criminal: County/state: \_\_\_\_\_  
Case No. (if known): \_\_\_\_\_

c. ☐ Juvenile: County/state: \_\_\_\_\_  
Case No. (if known): \_\_\_\_\_

b. ☐ Family: County/state: \_\_\_\_\_  
Case No. (if known): \_\_\_\_\_

d. ☐ Other: County/state: \_\_\_\_\_  
Case No. (if known): \_\_\_\_\_

7. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case?

☐ No ☐ Yes (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF DECLARANT)

8.  Number of pages attached after this page:

**NOTICE TO DECLARANT:** You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

**SUMMONS-UNIFORM PARENTAGE-PETITION FOR  
CUSTODY AND SUPPORT**

**CITACION JUDICIAL-DERECHO DE FAMILIA**

**NOTICE TO RESPONDENT (Name):**  
**AVISO AL DEMANDADO (Nombre):**

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

**You are being sued. A usted le estan demandando.**

**PETITIONER'S NAME IS:**  
**EL NOMBRE DEL DEMANDANTE ES:**

CASE NUMBER: (Número del Caso)

You have **30 CALENDAR DAYS** after this Summons and Petition are served on you to file a *Response to Petition to Establish Parental Relationship* (form FL-220) or *Response to Petition for Custody and Support of Minor Children* (form FL-270) at the court and serve a copy on the petitioner. A letter or phone call will not protect you.

If you do not file your Response on time, the court may make orders affecting custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form. If you want legal advice, contact a lawyer immediately.

*Usted tiene **30 DIAS CALENDARIOS** después de recibir oficialmente esta citación judicial y petición, para completar y presentar su formulario de Respuesta (Response form FL-220) ante la corte. Una carta o una llamada telefónica no le ofrecerá protección.*

*Si usted no presenta su Respuesta a tiempo, la corte puede expedir órdenes que afecten la custodia de sus hijos ordenen que usted pague mantención, honorarios de abogado y las costas. Si no puede pagar las costas por la presentación de la demanda, pida al actuario de la corte que le dé un formulario de exoneración de las mismas (Waiver of Court Fees and Costs).*

*Si desea obtener consejo legal, comuníquese de inmediato con un abogado.*

**NOTICE** The restraining order on the back is effective against both mother and father until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

**AVISO** Las prohibiciones judiciales que aparecen al reverso de esta citación son efectivas para ambos cónyuges, madre el esposo como la esposa, hasta que la petición sea rechazada, se dicte una decisión final o la corte expida instrucciones adicionales. Dichas prohibiciones pueden hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.

1. The name and address of the court is: (El nombre y dirección de la corte es)

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

[SEAL]

Date (Fecha):

Clerk (Actuario), by \_\_\_\_\_, Deputy

**NOTICE TO THE PERSON SERVED:** You are served

a. ☐ as an individual.

b. ☐ on behalf of respondent

under: ☐ Code Civ. Proc., § 416.60 (minor)

☐ Code Civ. Proc., § 416.70 (ward or conservatee)

c. ☐ by personal delivery on (date):

(Read the reverse for important information)

(Lea el reverso para obtener información de importancia)

☐ Code Civ. Proc., § 416.90 (individual)

☐ other:

**STANDARD RESTRAINING ORDER-SUMMONS**  
**Uniform Parentage Act, Petition for Custody**  
***PROHIBICION JUDICIAL ESTANDARE-Ley Uniforme de Paternidad***

**STANDARD RESTRAINING ORDER**

**You and the other party are restrained from removing from the state the minor child or children for whom this action seeks to establish a parent-child relationship without the prior written consent of the other party or an order of the court.**

This restraining order is effective against petitioner upon filing a petition and against respondent on personal service of the summons and petition or on waiver and acceptance of service by respondent.

This restraining order is effective until the judgment is entered, the petition is dismissed, or the court makes a further order.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***PROHIBICIONES JUDICIALES ESTANDARES***

***A partir de este momento, a usted y a la otra parte se les prohíbe que saquen del estado al hijo o hijos menores de las partes, para quienes esta acción judicial procura establecer una relación entre hijo y padres, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte.***

Esta prohibición judicial entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la citación judicial y petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.

Esta prohibición judicial continuará en vigencia hasta que se dicte la decisión final, la petición sea rechazada o la corte expida instrucciones adicionales.

Podrán hacerse cumplir en cualquier parte de California por cualquier agente del orden público que las haya recibido o que haya visto una copia de ellas.



- Page 1 of 2

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
- I thereafter mailed additional copies (by first-class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_
- A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.
- c. ☐ **mail and acknowledgment service**, by mailing the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid,
- on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt—Family Law* (form FL-117) and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt—Family Law* (form FL-117).) (Code Civ. Proc., § 415.30.)
- (2) ☐ to an address outside California (by registered or certified mail with return receipt requested) (Attach signed return receipt or other evidence of actual delivery to the respondent.) (Code Civ. Proc., § 415.40.)
- d. ☐ **other** (specify code section): \_\_\_\_\_
- ☐ An additional page is attached.
4. The NOTICE TO THE PERSON SERVED on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
- a. ☐ As an individual
- b. ☐ On behalf of respondent who is:
- ☐ An individual (Code Civ. Procedure § 416.90) ☐ A ward or Conservatee (Code Civ. Proc., § 416.70)
- ☐ A minor (Code Civ. Procedure § 416.60) ☐ Other (specify): \_\_\_\_\_

5. **Person who served papers**

Name:

Address:

Telephone number:

I am

- a. ☐ exempt from registration under Business and Professions Code section 22350(b).
- b. ☐ not a registered California process server.
- c. ☐ a registered California process server:
- (1) ☐ Employee or independent contractor
- (2) Registration no.: \_\_\_\_\_
- (3) County: \_\_\_\_\_
- d. **The fee** for service was: \$ \_\_\_\_\_

6. ☐ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

—or—

7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date:

<hr/> (NAME OF PERSON WHO SERVED PAPERS)		<hr/> (SIGNATURE OF PERSON WHO SERVED PAPERS)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      <div style="display: flex; justify-content: space-between;"> <div>           TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):         </div> <div>           FAX NO. (Optional):         </div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)</b>	CASE NUMBER:

1. The children are (name each):
 

<u>a. Child's name</u>	<u>Date of birth</u>	<u>Age</u>	<u>Sex</u>
------------------------	----------------------	------------	------------
  
- b. ☐ A child who is not yet born
  
2. The petitioner is
  - a. ☐ the mother of the children listed above.
  - b. ☐ the father of the children listed above.
  - c. ☐ not certain whether he or she is the biological parent of the children listed above.
  - d. ☐ the child or child's representative (specify court and date of appointment):
  - e. ☐ other (specify):
  
3. The respondent
  - a. ☐ lives in the State of California.
  - b. ☐ was in California when the listed children were conceived.
  - c. ☐ neither a nor b
  - d. ☐ other (specify):
  
4. The children
  - a. ☐ live or are in this county.
  - b. ☐ are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.
  
5. The respondent is
  - a. ☐ the father of the children listed in item 1 above.
  - b. ☐ the mother of the children listed in item 1 above.
  - c. ☐ not certain if he or she is the parent of the children listed in item 1 above.
  - d. ☐ not the parent of the children listed in item 1 above.
  - e. ☐ other (specify):
  
6. Additional statements
  - a. ☐ Parentage has been established by a Voluntary Declaration of Paternity (attach copy).
  - b. ☐ Parentage has been established in another case ☐ governmental child support ☐ other (specify):
  - c. ☐ Public assistance is being provided to the children.

PETITIONER: _____  RESPONDENT: _____	CASE NUMBER: _____
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The respondent requests that the court make the orders listed below.

**7. Parent-child relationship** (check all that apply):

- a. ☐ Respondent ☐ Petitioner ☐ Other (specify): \_\_\_\_\_ is the parent of the children listed in item 1.
- b. ☐ Respondent ☐ Petitioner ☐ Other (specify): \_\_\_\_\_ is not the parent of the children listed in item 1.
- c. ☐ Respondent requests genetic (blood) tests to determine whether the ☐ petitioner ☐ respondent is the parent of the children listed.

**8. Child custody and visitation**

- a. If ☐ Petitioner ☐ Respondent ☐ Other is found to be the parent of the children in listed in item 1:
- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Petitioner               | Respondent               | Joint                    | Other                    |
| b. Legal custody of the children should go to    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Physical custody of the children should go to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- d. Visitation of the children should be as follows:
- (1) ☐ None
- (2) ☐ Reasonable visitation
- (3) ☐ Petitioner ☐ Respondent should have the right to visit the children as follows (specify): \_\_\_\_\_
- (4) ☐ Visitation should occur with the following restrictions (specify): \_\_\_\_\_
- (5) ☐ I request mediation to work out a parenting plan.

**9. Reasonable expenses of pregnancy and birth**

Reasonable expenses of pregnancy and birth should be paid by

Petitioner	Respondent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Fees and costs of litigation**

Petitioner	Respondent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a. Attorney fees should be paid by

Petitioner	Respondent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings should be paid by

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**11. Name change.** ☐ The children's names should be changed, according to Family Code section 7638, as follows (specify old and new names): \_\_\_\_\_

**12. Other orders requested** (specify): \_\_\_\_\_

**13. Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

I have read the restraining order on the back of the *Summons* (form FL-210) and I understand it applies to me.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)	 (SIGNATURE OF RESPONDENT)
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**NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):        TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>REQUEST TO ENTER DEFAULT</b>	
CASE NUMBER:	

1. TO THE CLERK: Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached  
 A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached  
 because (check at least one of the following):
  - (a) ☐ There have been no changes since the previous filing.
  - (b) ☐ The issues subject to disposition by the court in this proceeding are the subject of a written agreement.
  - (c) ☐ There are no issues of child or spousal support, or attorney fees and costs subject to determination by the court.
  - (d) ☐ The petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
  - (e) ☐ There are no issues of division of community property.
  - (f) ☐ This is an action to establish parental relationship.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF [ATTORNEY FOR] PETITIONER)

**3. DECLARATION**

- a. ☐ No mailing is required because service was by publication and the address of respondent remains unknown.
- b. ☐ A copy of this *Request to Enter Default* including any attachments and an envelope with sufficient postage was provided to the court clerk addressed as follows (address of respondent's attorney or, if none, respondent's last known address):

c. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

<b>FOR COURT USE ONLY</b> <input type="checkbox"/> <i>Request to Enter Default</i> mailed to respondent or respondent's attorney on (date): <input type="checkbox"/> Default entered as requested on (date): <input type="checkbox"/> Default NOT entered. Reason:	Clerk, by _____, Deputy
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CASE NAME: _____	CASE NUMBER: _____
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4. MEMORANDUM OF COSTS

- a. ☐ Costs and disbursements are waived.
- b. Costs and disbursements are listed as follows:
- (1) ☐ Clerk's fees ..... \$ .....
- (2) ☐ Process server's fees ..... \$ .....
- (3) ☐ Other (*specify*): ..... \$ .....
- ..... \$ .....
- ..... \$ .....
- ..... \$ .....
- TOTAL ..... \$ .....

- c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.
- d. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (SIGNATURE OF DECLARANT)
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5. DECLARATION OF NONMILITARY STATUS

- a. Respondent is not in the military service or in the military service of the United States as defined in section 101 of the Soldiers' and Sailors' Relief Act of 1940, as amended (50 U.S.C. appen. § 501 et seq.), and not entitled to the benefits of such act.
- b. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (SIGNATURE OF DECLARANT)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
<b>DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT</b>	CASE NUMBER:

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I request that proof will be by this declaration and that I will not appear before the court unless I am ordered by the court to appear.
3. All the information in the ☐ *Petition or Complaint to Establish Parental Relationship* ☐ *Response or Answer* ☐ *Petition to Establish Custody and Support* ☐ *Response* is true and correct.
4. ☐ Respondent and/or ☐ Petitioner is/are the parent(s) of the minor child(ren).
5. A Voluntary Declaration of Paternity form ☐ has ☐ has not been signed regarding this child (*attach a copy if available*).
6. **DEFAULT OR UNCONTESTED (Check a or b)**
  - a. ☐ The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. **OR**
  - b. ☐ The parties have stipulated that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.
7. ☐ **CHILD SUPPORT** should be ordered as set forth in the proposed *Judgment* (form FL-250).
  - a. ☐ Petitioner ☐ Respondent is presently receiving public assistance (TANF); thus all support should be made payable to the local child support agency at (*specify address*):
  - b. **NOTE: If a support order is requested, submit a completed *Income and Expense Declaration* (form FL-150), or *Financial Statement (Simplified)* (form FL-155), unless a current form is on file. Include your best estimate of the other party's gross monthly income.**
8. ☐ **ATTORNEY FEES** should be ordered as set forth in the proposed *Judgment* (form FL-250).
9. ☐ **CHILD CUSTODY** should be ordered as set forth in the proposed *Judgment* (form FL-250).
10. ☐ **CHILD VISITATION** should be ordered as set forth in the proposed *Judgment* (form FL-250).
11. ☐ **REASONABLE EXPENSES OF PREGNANCY AND BIRTH** should be ordered as set forth in the proposed *Judgment* (form FL-250).
12. ☐ **NAMES OF THE CHILDREN** should be changed as set forth in the proposed *Judgment* (form FL-250).
13. This declaration may be reviewed by a commissioner sitting as a temporary judge who may determine whether to grant this request or require my appearance.
14. I have read and understand the *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235), which is signed and attached to this declaration.
15. ☐ Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 1





PETITIONER:	CASE NUMBER:
RESPONDENT:	

### ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP

- RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my own choice at my own expense. If I cannot afford a lawyer, I can contact the Lawyer Referral Association of the local bar association or the Family Law Facilitator for assistance.
- RIGHT TO A TRIAL.** I understand that I have a right to have a judge determine whether I am the parent of the children named in this action.
- RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial I have the right to confront and cross-examine the witnesses against me and to present evidence and witnesses in my own defense.
- RIGHT TO HAVE PARENTAGE TESTS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.
- OBLIGATIONS.** I understand that if I admit that I am the parent of the children in this action that those children will be my children for legal purposes.
- WAIVER.** I understand that I am admitting that I am the parent of the children named in the stipulation and am giving up the rights stated above (except the right to an attorney if I have an attorney).
- CHILD SUPPORT.** I understand that I will have the duty to contribute to the support of the children named in this action and that this duty of support will continue for each child until the obligation is terminated by law.
- CRIMINAL NON-SUPPORT.** I understand that if I willfully fail to support the children, criminal proceedings may be initiated against me.
- UNDERSTANDING.**
  - ☐ I have read and understand the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*.
  - ☐ I understand the translation.

**IF I AM REPRESENTED BY AN ATTORNEY, I ACKNOWLEDGE THAT MY ATTORNEY HAS READ AND EXPLAINED TO ME THE CONTENTS OF THE STIPULATION, RECITALS, AND WAIVERS, AND I ACKNOWLEDGE THAT I UNDERSTAND THEM.**

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

### INTERPRETER'S DECLARATION

- The ☐ Petitioner ☐ Respondent is unable to read or understand the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* because:
  - ☐ his/her primary language is (*specify*):
  - ☐ other (*specify*):
- I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the ☐ Petitioner ☐ Respondent the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*. ☐ Petitioner ☐ Respondent said he or she understood the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* before signing them.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):       TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>STIPULATION FOR ENTRY OF JUDGMENT RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP</b>	
CASE NUMBER:	

**THE PARTIES STIPULATE THAT**

1. ☐ Both parties have read and understand the *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235), which is submitted with this *Stipulation for Entry of Judgment*. Both parties give up these rights and freely agree that a judgment may be entered in accordance with this stipulation.
2. (Name of mother):  
(Name of father):  
are the parents of the following children:  

Name
Date of Birth
3. ☐ Child custody and visitation shall be ordered as set forth in the proposed *Judgment (Uniform Parentage)* (form FL-250).
4. ☐ Child support shall be ordered as set forth in the proposed *Judgment (Uniform Parentage)* (form FL-250).
5. ☐ Attorney fees shall be ordered as set forth in the proposed *Judgment (Uniform Parentage)* (form FL-250).
6. ☐ Names of the children shall be changed as set forth in the proposed *Judgment (Uniform Parentage)* (form FL-250).
7. ☐ Reasonable costs of pregnancy and birth shall be paid as ordered in the proposed *Judgment (Uniform Parentage)* (form FL-250).
8. ☐ Other orders shall be as set forth in the proposed *Judgment (Uniform Parentage)* (form FL-250).
9. ☐ The parties further agree that the court make the following orders:

☐ See attached.

Date: _____ _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PETITIONER/PLAINTIFF)
Date: _____ _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF RESPONDENT/DEFENDANT)
Date: _____ _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF ATTORNEY FOR PETITIONER/PLAINTIFF)
Date: _____ _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF ATTORNEY FOR RESPONDENT/DEFENDANT)



Name, Address and Telephone Number of Attorney(s)

Attorney for:

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY**

Plaintiffs/Petitioner

v.

Defendants/Respondent

CASE NUMBER

**REQUEST FOR HEARING**

Case to be set  
for hearing on \_\_\_\_\_

At (time): \_\_\_\_\_ ( ) .m.

\_\_\_\_\_ MARRIAGE. All necessary documents must be on file, and default if required must be entered prior to being placed on calendar.

\_\_\_\_\_ ADOPTION. Report of investigating agency, all consents, statement of costs (step-parent excepted), and any other necessary papers must be filed prior to being placed on calendar.

\_\_\_\_\_ COMPROMISE OF MINOR'S CLAIM. Petition must be on file.

\_\_\_\_\_ OTHER (specify) \_\_\_\_\_  
All necessary papers must be filed, defaults (if any) entered, prior to being placed on calendar.

Names of Witnesses (Must be furnished)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney

Approved for hearing as requested or set for hearing on \_\_\_\_\_

At \_\_\_\_\_ .m. at: Salinas \_\_\_\_\_ Monterey \_\_\_\_\_ .

Calendared by \_\_\_\_\_  
\_\_\_\_\_  
Deputy Clerk

ROUGH MINUTES OF Department \_\_\_\_\_ Date \_\_\_\_\_

Judge \_\_\_\_\_ Reporter \_\_\_\_\_ Clerk \_\_\_\_\_ Bailiff \_\_\_\_\_

Appearances:

Witnesses:

Order of Court:



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):        <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> ATTORNEY FOR (Name): 	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>NOTICE OF ENTRY OF JUDGMENT</b>	CASE NUMBER:

You are notified that the following judgment was entered on (date):

1. ☐ Dissolution of Marriage
2. ☐ Dissolution of Marriage — Status Only
3. ☐ Dissolution of Marriage — Reserving Jurisdiction Over Termination of Marital Status
4. ☐ Legal Separation
5. ☐ Nullity
6. ☐ Parent-Child Relationship
7. ☐ Judgment on Reserved Issues
8. ☐ Other (specify):

Date:

Clerk, by \_\_\_\_\_, Deputy

**—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY —**

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

**STATEMENTS IN THIS BOX APPLY ONLY TO JUDGMENTS OF DISSOLUTION**

**Effective date of termination of marital status (specify):**

**WARNING: NEITHER PARTY MAY REMARRY UNTIL THE EFFECTIVE DATE OF THE TERMINATION OF MARITAL STATUS AS SHOWN IN THIS BOX.**

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the Notice of Entry of Judgment was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed  
 at (place): \_\_\_\_\_, California,  
 on (date): \_\_\_\_\_

Date:

Clerk, by \_\_\_\_\_, Deputy





ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):       TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____  RESPONDENT: _____	
<b>JUDGMENT</b>	
CASE NUMBER: _____	

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.  
 The restraining orders are contained in item(s): \_\_\_\_\_ of the attachment.  
 They expire on (*date*): \_\_\_\_\_ A CLETS form must be attached.
2. a. This matter proceeded as follows: ☐ Default or uncontested ☐ By declaration ☐ Contested  
 b. Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 c. Judicial officer (*name*): \_\_\_\_\_ ☐ Temporary judge  
 d. ☐ Petitioner present ☐ Attorney present (*name*): \_\_\_\_\_  
 e. ☐ Respondent present ☐ Attorney present (*name*): \_\_\_\_\_  
 f. **Petitioner** (1) ☐ The petitioner appeared without counsel and was advised of relevant rights.  
 (2) ☐ The petitioner signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).  
 (3) ☐ The petitioner is married to the Respondent, and no other action is pending.  
 (4) ☐ The petitioner signed a Voluntary Declaration of Paternity.  
 (5) ☐ There is a prior judgment of parentage in a family support, juvenile, or adoption court case.  
 g. **Respondent** (1) ☐ The respondent appeared without counsel and was advised of relevant rights.  
 (2) ☐ The respondent signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).  
 (3) ☐ The respondent is married to the Petitioner, and no other action is pending.  
 (4) ☐ The respondent signed a Voluntary Declaration of Paternity.  
 (5) ☐ There is a prior judgment of parentage in a family support, juvenile or adoption court case.  
 h. Other parties or attorneys present (*specify*): \_\_\_\_\_

### 3. THE COURT FINDS

Name: ☐ Mother ☐ Father  
 Name: ☐ Mother ☐ Father  
 are the parents of the following children:  
Child's name Date of birth

### 4. THE COURT ORDERS

- a. ☐ Child custody and visitation are as specified in one or more of the attached forms:  
 (1) ☐ *Child Custody and Visitation Order Attachment* (form FL-341)  
 (2) ☐ *Stipulation for Order for Child Custody and/or Visitation of Children* (form FL-355)  
 (3) ☐ Other (*specify*): \_\_\_\_\_

PETITIONER:	CASE NUMBER:
RESPONDENT:	

## 5. THE COURT FURTHER ORDERS

- a. ☐ Child support is as stated in one or more of the attached:
- (1) ☐ *Child Support Information and Order Attachment* (form FL-342)
  - (2) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350)
  - (3) ☐ Other (*specify*):
- b. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. Thereafter, the parents must notify the court of any change in the information submitted, within 10 days of the change.
- c. The form *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- d. ☐ The last names of the children are changed to (*specify*):
- e. ☐ The birth certificates must be amended to conform to this court order by
- (1) ☐ adding the father's name.
  - (2) ☐ changing the last name of the children.
- f. ☐ Attorney fees and costs are as stated in the attachment.
- g. ☐ Reasonable expenses of pregnancy and birth are as stated in the attachment.
- h. ☐ Other (*specify*):

☐ Continued on Attachment 3h.

6. Number of pages attached: \_\_\_\_\_

Date:

\_\_\_\_\_  
JUDICIAL OFFICER  
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):     	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		
<b>INCOME AND EXPENSE DECLARATION</b>		
		CASE NUMBER:

### 1. Employment

Fill out the information below on your current job, or if you're unemployed, your most recent job.

- Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)**
- a. Employer name:
  - b. Employer's address:
  - c. Employer's phone number:
  - d. Your occupation:
  - e. Date job started:
  - f. If unemployed, date job ended:
  - g. I work about \_\_\_\_\_ hours per week.
  - h. I get paid \$ \_\_\_\_\_ gross (before taxes) ☐ per month ☐ per week ☐ per hour

If unemployed now, list the hours you worked and what you got paid on your last job.

If you have more than one job, attach an 8½-by-11" sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.

### 2. Age and Education

- a. My age is (specify):
- b. I have completed high school or the equivalent ☐ yes ☐ no If no, highest grade completed \_\_\_\_\_
- c. Number of years of college completed (specify): ☐ degree obtained (specify):
- d. Number of years of graduate school completed (specify): ☐ degree(s) obtained (specify):
- e. I have the following: ☐ professional/occupational licenses (specify):  
☐ vocational training (specify):

### 3. Tax information

- a. ☐ I last filed taxes in \_\_\_\_\_ (year)
- b. My tax filing status is:  
☐ single ☐ head of household ☐ married filing separately  
☐ married filing jointly with (specify name):
- c. I file state tax returns in: ☐ California ☐ Other (specify):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

### 4. Other party's income

I estimate the gross monthly income (before taxes) of the other party in this case is: \$  
 This estimate is based on (explain):

If you need more space to answer any questions on this form, attach an 8½-by-11" sheet of paper and write the question number before your answer. Number of pages attached \_\_\_\_\_.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income.** Take a copy of your latest federal tax return to the court hearing. *(Cross out your social security number on the pay stub or tax return.)*

	Last month	Average monthly (total last 12 months divide by 12)
5. <b>Income</b> <i>(list all sources that you have received for the last 12 months—for average monthly, divide by 12)</i>		
a. Salary or wages (gross, before taxes) .....	\$ _____	_____
b. Overtime (gross, before taxes) .....	\$ _____	_____
c. Commissions or bonuses .....	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	_____
g. Pension/retirement fund payments .....	\$ _____	_____
h. Social security retirement (not SSI) .....	\$ _____	_____
i. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private .....	\$ _____	_____
j. Unemployment compensation .....	\$ _____	_____
k. Workers' compensation .....	\$ _____	_____
l. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) (specify): .....	\$ _____	_____

6. <b>Investment income</b>		
a. Dividends/interest .....	\$ _____	_____
b. Rental property income .....	\$ _____	_____
c. Trust income .....	\$ _____	_____
d. Other (specify): .....	\$ _____	_____

*Attach a schedule showing gross receipts less cash expenses for each piece of property.*

7. <b>My income from self-employment after business expenses for each business:</b> .....	\$ _____	_____
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> other (specify):		
Number of years in this business (specify):		
Name of business (specify):		
Type of business (specify):		

*Attach a profit and loss statement for the last two years or a schedule C from your last federal tax return. Cross off your social security number. If more than one business, provide the same information as above for all your businesses.*

8. <b>Additional Income</b>	
<input type="checkbox"/> I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):	

9. <b>Change in income</b>	
<input type="checkbox"/> My financial situation has changed significantly over the last 12 months because (specify):	

	Last month
10. <b>Deductions</b>	
a. Required union dues .....	\$ _____
b. Required retirement payments (not social security, FICA, 401k or IRA) .....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ _____
d. Child support I pay for my other children from another relationship .....	\$ _____
e. Spousal support I pay by court order from a different marriage .....	\$ _____
f. Partner support I pay by court order from a different domestic partnership .....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled Question 10f) .....	\$ _____

11. <b>Assets</b>	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ _____
b. Stocks, bonds, and other assets you can easily sell .....	\$ _____
c. All other property <input type="checkbox"/> real or <input type="checkbox"/> personal (estimate fair market value minus the loans and debts you owe) ...	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me**

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**      ☐ Estimated expenses      ☐ Actual expenses      ☐ Proposed needs

- |   |  |
|---|--|
| <p>a. My home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage ..... \$ _____</p> <p>(2) If mortgage, include:</p> <p style="padding-left: 20px;">Average principal ..... \$ _____</p> <p style="padding-left: 20px;">Average interest ..... \$ _____</p> <p>(3) Real property taxes. .... \$ _____</p> <p>(4) Homeowner's or renter's insurance<br/>(if not included above) ..... \$ _____</p> <p>(5) Maintenance and repair. .... \$ _____</p> <p>b. Health-care costs not<br/>paid by insurance ..... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies. .... \$ _____</p> <p>e. Eating out ..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone/cell phone/e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education (specify): ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation ..... \$ _____</p> <p>l. Auto expenses and transportation<br/>(insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not<br/>include auto, home, or health insurance.) \$ _____</p> <p>n. Savings and investments ..... \$ _____</p> <p>o. Charitable contributions ..... \$ _____</p> <p>p. Monthly payments listed in item 14<br/>(itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>r. TOTAL EXPENSES (a-q)</b> ..... \$ _____<br/>         (do not include amounts in a(2))</p> </div> <p>s. Amount of expenses paid by others .. \$ _____</p> |
|---|--|

**14. Installment payments and debts (not listed above)**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees (This is required if either party is requesting attorney fees.)**

- a. To date I have paid my attorney for fees and costs: \$
- b. The source of this money was (specify):
- c. I owe to date the following fees and costs over the amount paid: \$
- d. My attorney's hourly rate is \$

*I confirm this information and fee arrangement.*

Date:



(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

### Child Support Information

Fill out this page only if your case involves child support.

#### 16. Number of children

- a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.  
b. The children spend \_\_\_\_\_ % of time with me \_\_\_\_\_ % of time with the other parent.  
*(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)*

#### 17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance for the children available at work.  
b. Name of insurance company:  
c. Address of insurance company:  
  
d. The monthly cost for **children's** health insurance is or would be: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

#### 18. Additional expenses for the children in this case:

Amount per month

- a. Child care so I can work or get job training . . . . . \$ \_\_\_\_\_  
b. Children's health care not covered by insurance . . . . . \$ \_\_\_\_\_  
c. Travel expenses for visitation . . . . . \$ \_\_\_\_\_  
d. Children's educational or other special needs *(specify)*: . . . . . \$ \_\_\_\_\_

#### 19. Special hardships:

I ask the court to consider these special financial circumstances:  
*(Attach documentation of any item listed here including court orders.)*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b . . . . . \$ \_\_\_\_\_  
b. Major losses not covered by insurance *(examples: fire, theft, other uninsured loss)* . . . . . \$ \_\_\_\_\_  
c. (1) Expenses for my minor children from other relationships who live with me . . . . . \$ \_\_\_\_\_  
*(List names and ages of those children):*

(2) Child support I receive for those children . . . . . \$ \_\_\_\_\_

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

#### 20. Other information I want the court to know concerning support in my case.

TO ☐ Findings and Order After Hearing ☐ Judgment  
☐ Stipulation and Order for Custody and/or Visitation of Children  
☐ Other (specify):

1. ☐ **Custody.** Custody of the minor children of the parties is awarded as follows:
- | <u>Child's name</u> | <u>Date of birth</u> | <u>Legal custody to</u><br>(person who makes decisions about<br>health, education, etc.) | <u>Physical custody to</u><br>(person with whom the child lives) |
|---------------------|----------------------|--|--|
|---------------------|----------------------|--|--|

a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**

b. ☐ See the attached \_\_\_\_\_-page document dated *(specify date)*:

c. ☐ The parties will go to mediation at *(specify location)*:

d. ☐ No visitation

e. ☐ Visitation for the ☐ petitioner ☐ respondent will be as follows:

- (b)  The petitioner will have fifth weekends in  odd  even months.

- (4) ☐ **Other** (specify days and times as well as any additional restrictions):

☐ See Attachment 2e(4).

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

3. ☐ **The court acknowledges** that criminal protective orders in case number *(specify)*:  
in *(specify court)*: relating to the parties in this case are in effect  
under Penal Code section 136.2, are current, and have priority of enforcement.
4. ☐ **Supervised visitation.** Until ☐ further order of the court ☐ other *(specify)*:  
the ☐ petitioner ☐ respondent will have supervised visitation with the minor children according to the schedule  
set forth on page 1. **(You must attach form FL-341(A).)**
5. ☐ **Transportation for visitation**
- a. ☐ Transportation **to** the visits will be provided by the ☐ petitioner ☐ respondent  
☐ other *(specify)*:
- b. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent  
☐ other *(specify)*:
- c. ☐ Drop-off of the children will be at *(address)*:
- d. ☐ Pick-up of the children will be at *(address)*:
- e. ☐ The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint  
devices.
- f. ☐ During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or  
her home while the children go between the car and the home.
- g. ☐ Other *(specify)*:
6. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other *(name)*:  
**must** have written permission from the other parent or a court order to take the children out of  
a. ☐ the state of California.  
b. ☐ the following counties *(specify)*:  
c. ☐ other places *(specify)*:
7. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other  
parent's permission. Form FL-341(B) is attached and must be obeyed.
8. ☐ **Holiday schedule.** The children will spend holiday time as listed in the attached ☐ form FL-341(C)  
☐ other *(specify)*:
9. ☐ **Additional custody provisions.** The parents will follow the additional custody provisions listed in the attached  
☐ form FL-341(D) ☐ other *(specify)*:
10. ☐ **Joint legal custody.** The parents will share joint legal custody as listed in the attached ☐ form FL-341(E)  
☐ other *(specify)*:
11. ☐ **Other** *(specify)*:
12. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and  
Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
13. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the  
laws of the State of California.
14. **Country of habitual residence.** The country of habitual residence of the child or children in this case is  
☐ the United States ☐ other *(specify)*:
15. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.



PETITIONER / PLAINTIFF:	CASE NUMBER:
RESPONDENT / DEFENDANT:	

**SUPERVISED VISITATION ORDER**  
**Attachment to *Child Custody and Visitation Order Attachment* (form FL-341)**

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent with the child(ren) be supervised based upon allegations of
- ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect  
☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other (*specify*):
- ☐ Petitioner ☐ Respondent disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by ☐ Petitioner ☐ Respondent must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

**THE COURT MAKES THE FOLLOWING ORDERS**

**3. CHILD(REN) TO BE SUPERVISED**

<u>Child's name</u>	<u>Birth date</u>	<u>Age</u>	<u>Sex</u>
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**4. TYPE**

- a. ☐ Supervised visitation                      b. ☐ Supervised exchange only                      c. ☐ Therapeutic visitation

**5. SUPERVISED VISITATION PROVIDER**

- a. ☐ Professional (individual provider or supervised visitation center)                      b. ☐ Nonprofessional

**6. AUTHORIZED PROVIDER**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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☐ Any other mutually agreed-upon third party as arranged.

**7. DURATION AND FREQUENCY OF VISITS** (*see form FL-341 for specifics of visitation*):

**8. PAYMENT RESPONSIBILITY**                      Petitioner: \_\_\_\_\_%                      Respondent: \_\_\_\_\_%

9. ☐ Petitioner will contact professional provider or supervised visitation center no later than (*date*):  
☐ Respondent will contact professional provider or supervised visitation center no later than (*date*):

**10. THE COURT FURTHER ORDERS**

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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### CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to ☐ Findings and Order After Hearing ☐ Restraining Order After Hearing (CLETS)  
☐ Judgment ☐ Other

#### THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.
2. ☐ **Income**

	<u>Gross monthly</u> <u>income</u>	<u>Net monthly</u> <u>income</u>	<u>Receiving</u> <u>TANF/CalWORKS</u>
a. Each parent's monthly income is as follows:			
petitioner/plaintiff:	\$	\$	<input type="text"/>
respondent/defendant:	\$	\$	<input type="text"/>
other parent:	\$	\$	<input type="text"/>
b. Imputation of income. The court finds that the <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> other parent has the capacity to earn: \$ _____ per: _____ and has based the support order upon this imputed income.			
3. ☐ **Children of This Relationship**
  - a. Number of children who are the subjects of the support order (*specify*): \_\_\_\_\_
  - b. Approximate percentage of time spent with:
 

petitioner/plaintiff	%
respondent/defendant	%
other parent	%

#### 4. ☐ **Hardships**

Hardships for the following have been allowed in calculating child support:

	<u>petitioner/ plaintiff</u>	<u>respondent/ defendant</u>	<u>other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

#### THE COURT ORDERS

##### 5. ☐ **Low-Income Adjustment**

- a. ☐ The low-income adjustment applies.
- b. ☐ The low-income adjustment does not apply because (*specify reasons*): \_\_\_\_\_

##### 6. ☐ **Child Support**

###### a. **Base child support**

☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent must pay child support beginning (*date*): \_\_\_\_\_ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name)</u>
---------------------	----------------------	-----------------------	--------------------------

Payable ☐ on the 1st of the month ☐ one-half on the 1st and one-half on the 15th of the month  
☐ other (*specify*): \_\_\_\_\_

###### b. ☐ **Mandatory additional child support**

- (1) ☐ Child-care costs related to employment or reasonably necessary job training.

<input type="checkbox"/> Petitioner/plaintiff must pay:	%	of total	or	<input type="text"/> \$	per month	child-care costs.
<input type="checkbox"/> Respondent/defendant must pay:	%	of total	or	<input type="text"/> \$	per month	child-care costs.
<input type="checkbox"/> Other parent must pay:	%	of total	or	<input type="text"/> \$	per month	child-care costs.
<input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): _____						

**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**THE COURT FURTHER ORDERS**

**6. b. Mandatory additional child support (*continued*)**

- (2) ☐ Reasonable uninsured health-care costs for the children
- |  |   |          |    |                             |            |
|--|---|----------|----|-----------------------------|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay:                          | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): |   |          |    |                             |            |

**c. ☐ Additional child support**

- (1) ☐ Costs related to the educational or other special needs of the children
- |  |   |          |    |                             |            |
|--|---|----------|----|-----------------------------|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay:                          | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): |   |          |    |                             |            |
- (2) ☐ Travel expenses for visitation
- |  |   |          |    |                             |            |
|--|---|----------|----|-----------------------------|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay:                  | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay:                          | % | of total | or | <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): |   |          |    |                             |            |

<b>Total child support per month: \$</b>
--

**7. Health-Care Expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the  
☐ petitioner/plaintiff   ☐ respondent/defendant   ☐ other parent   if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims.
- b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff   ☐ respondent/defendant   ☐ other parent at a reasonable cost at this time.
- c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

**8. Earnings Assignment**

An *Order/Notice to Withhold Income for Child Support* (form FL-195) must issue. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages, and for any support not paid by the assignment.

**9. ☐ Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. A *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

**10. ☐ Employment Search Order (Family Code, § 4505)**

☐ Petitioner/plaintiff   ☐ Respondent/defendant   ☐ Other parent   is ordered to seek employment with the following terms and conditions:

**11. Other Orders (*specify*):**

**12. Required Attachments**

A *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.

**13. Child Support Case Registry Form**

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

<b>NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.</b>
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**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

**NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT**Attachment to ☐ Child Support Information and Order Attachment (form FL-342)☐ Judgment (Family Law) (form FL-180) ☐ Other (*specify*):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

**1. STIPULATION TO NON-GUIDELINE ORDER**

☐ The child support agreed to by the parties is ☐ below or ☐ above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: \$ \_\_\_\_\_ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

**OTHER REBUTTAL FACTORS****2. ☐ Support calculation**

- a. The guideline amount of child support calculated is: \$ \_\_\_\_\_ per month payable by ☐ mother ☐ father
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an ☐ increase ☐ decrease in child support. The revised amount of support is: \$ \_\_\_\_\_ per month.
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case.  
These changes remain in effect ☐ until (*date*): \_\_\_\_\_  
☐ until further order
- d. **The factors are:**
  - (1) ☐ The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ \_\_\_\_\_ per month. (Fam. Code, § 4057(b)(2).)
  - (2) ☐ The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
  - (3) ☐ The ☐ mother ☐ father is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
  - (4) ☐ Special circumstances exist in this case. The special circumstances are:
    - (i) ☐ The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5)(A).)
    - (ii) ☐ The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
    - (iii) ☐ The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (*specify*): \_\_\_\_\_
    - (iv) ☐ Other (Fam. Code, § 4057(b)(5)) (*specify*): \_\_\_\_\_



## NOTICE OF RIGHTS AND RESPONSIBILITIES

### Health-Care Costs and Reimbursement Procedures

#### IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

**1. Notice.** You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

**2. Proof of full payment.** If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

**3. Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

**4. Payment by notified parent.** If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

**5. Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

**6. Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

**7. Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

# INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

## General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

## When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

## Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

## How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

## What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

## What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

**After you fill out the forms**, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form 982(a)(17), *Application for Waiver of Court Fees and Costs*
- Form 982(a)(18), *Order on Application for Waiver of Court Fees and Costs*

**You must serve the other parent.** If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

**Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to

[www.courtinfo.ca.gov/selfhelp/courtcalendars/](http://www.courtinfo.ca.gov/selfhelp/courtcalendars/).

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

**Go to your hearing and ask the judge to change the support.** Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

## Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):          <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>COURT PERSONNEL:</b> STAMP DATE RECEIVED HERE          <div style="font-size: 24pt; font-weight: bold; margin-top: 20px;">DO NOT FILE</div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
PETITIONER/PLAINTIFF:   RESPONDENT/DEFENDANT:   OTHER PARENT:	
<div style="text-align: center; font-weight: bold;">CHILD SUPPORT CASE REGISTRY FORM</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mother  <input type="checkbox"/> Father         </div> <div> <input type="checkbox"/> First form completed  <input type="checkbox"/> Change to previous information         </div> </div>	CASE NUMBER:

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

**Notice:** Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).
  - a. Date order filed:
  - b. ☐ Initial child support or family support order      ☐ Modification
  - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:
 

Child Support:	Family Support:	Spousal Support:
(1) <input type="checkbox"/> Current base child support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current base family support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current spousal support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support: \$	(2) <input type="checkbox"/> Additional monthly support: \$	
(3) <input type="checkbox"/> Total past-due support: \$	(3) <input type="checkbox"/> Total past-due support: \$	(3) <input type="checkbox"/> Total past-due support: \$
(4) <input type="checkbox"/> Payment on past-due support: \$	(4) <input type="checkbox"/> Payment on past-due support: \$	(4) <input type="checkbox"/> Payment on past-due support: \$
(5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date):		
2. Person required to pay child or family support (*name*):  
 Relationship to child (*specify*):
3. Person or agency to receive child or family support payments (*name*):  
 Relationship to child (*if applicable*):

**TYPE OR PRINT IN INK**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

Child's name

Date of birth

Social security number

- a.
- b.
- c.

☐ Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

7. ☐ A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

- a. The order protects: ☐ Father ☐ Mother ☐ Children
- b. From: ☐ Father ☐ Mother
- c. The restraining order expires on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

# INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

## INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

## Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
  - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
  - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
  - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
  - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.  
b. Write the relationship of that person to the child.
  3. a. Write the name of the person or agency supposed to receive child or family support payments.  
b. Write the relationship of that person to the child.
  4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
  - a. List your date of birth.
  - b. Write your social security number.
  - c. List the street address, city, state, and zip code where you live.
  - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
  - e. Write your driver's license number and the state where it was issued.
  - f. List the telephone number where you live.
  - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
  - a. Check the box beside each person who is protected by the restraining order.
  - b. Check the box beside the parent who is restrained.
  - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

- Total: \$  payable ☐ on the first of the month ☐ other (specify):
- b. ☐ In addition obligor must pay the following:
- \$  per month for child care costs to (name):  on (date):
- \$  per month for health care costs not deducted from gross income to (name):  on (date):
- \$  per month for special educational or other needs of the children to (name):  on (date):
- other (specify):

- |  |  |  |
|--|--|--|
| Form Adopted for Mandatory Use<br>Judicial Council of California<br>FL-350 [Rev. July 1, 2003] | <b>STIPULATION TO ESTABLISH OR MODIFY<br/>                 CHILD SUPPORT AND ORDER</b> | Page 1 of 2<br>Family Code, § 4065<br><a href="http://www.courtinfo.ca.gov">www.courtinfo.ca.gov</a> |
|--|--|--|

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	CASE NUMBER:
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8. a. Health insurance will be maintained by *(specify name)*:
- b. ☐ A health insurance coverage assignment will issue if available through employment or other group plan or otherwise available at reasonable cost. Both parents are ordered to cooperate in the presentation, collection, and reimbursement of any medical claims.
- c. Any health expenses not paid by insurance will be shared:      Mother      %      Father      %
9. a. An Order/Notice to Withhold Child Support (form FL-195) will be issued.
- b. ☐ We agree that service of the earnings assignment be stayed because we have made the following alternative arrangements to ensure payment *(specify)*:
10. ☐ Travel expenses for visitation will be shared:      Mother      %      Father      %
11. ☐ We agree that we will promptly inform each other of any change of residence or employment, including the employer's name, address, and telephone number.
12. ☐ Other *(specify)*:

13. We agree that we are fully informed of our rights under the California child support guidelines.
14. We make this agreement freely without coercion or duress.
15. The right to support
- a. ☐ has not been assigned to any county and no application for public assistance is pending.
- b. ☐ has been assigned or an application for public assistance is pending in *(county name)*:
- If you checked b., an attorney for the local child support agency must sign below, joining in this agreement.*

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶ \_\_\_\_\_

(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

**Notice:** If the amount agreed to is less than the guideline amount, no change of circumstances need be shown to obtain a change in the support order to a higher amount. If the order is above the guideline, a change of circumstances will be required to modify this order. This form must be signed by the court to be effective.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶ \_\_\_\_\_

(SIGNATURE OF PETITIONER)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶ \_\_\_\_\_

(SIGNATURE OF RESPONDENT)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶ \_\_\_\_\_

(SIGNATURE OF ATTORNEY FOR PETITIONER)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

▶ \_\_\_\_\_

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

### THE COURT ORDERS

16. a. ☐ The guideline child support amount in item 4 is rebutted by the factors stated in item 6.
- b. Items 7 through 12 are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this stipulation, all provisions of any previous orders made in this action will remain in effect.

Date: \_\_\_\_\_

JUDGE OF THE SUPERIOR COURT

**NOTICE:** Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year. This can be a large added amount.



